. .	1		Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 'O 40419														
CLAIMS AS FILED - PART I (Column 1) (Column								SMALL ENTITY TYPE			OF:	OTHER THAN		
TOTAL CLAIMS			2-8				Ì	RAT	Έ	FEE	1	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	370.00	l _{OR}	BASIC FEE	740.00×	1
TOTAL CHARGEABLE CLAIMS			2 minus 20=		* 8			X\$!)=		OR	X\$18=	144.	ט כ
INDEPENDENT CLAIMS			minus 3 =		D			X42	!=		OR	X84=	1 7 1	
M	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+14	—-)=		OR	+280=		
* 11	f the difference	in column 1 is	less than zero, enter "0" in column 2				.	TOT	-	i ·	OR	TOTAL	V44.	O
CLAIMS AS AMENDED - PART II												OTHER	THAN	1
<u>_</u>	1/34/04	(Column 1)	(Column 2) (Column					SMA	LL	ENTITY OR		SMALL ENTITY		
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 28	Minus	* ô	38	-/		X\$ 9)=		OR	X\$18=		
	Independent	* / ENTATION OF MI	Minus	***	<u>ラ</u>	= (X42	=		OR	X84=		
<u>L</u>	FINST PRESE	ENTATION OF MI	JLTIPLE DEF	PENDENI	CLAIM			÷140)=.		OR	+280=		
									TAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur		(Column 3)			:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	AAA		=	l	X42				X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR	704-		
							L	+140			OR	+280=		
TOTAL ADDIT. FEE											OR	TOTAL ADDIT. FEE		ļ
		(Column 1) CLAIMS		(Colur		(Column 3)	t							l
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		-		X\$ 9	_	1	OR	X\$18=	_	
	Independent	*	Minus	***		2 ·		X42:	_			X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								4		OR	A04=		I
+140=											OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE		
***	If the "Highest Nu The "Highest Nurr	mber Previously Pai ber Previously Pai	aid For" IN THI d For" (Total or	S SPACE i Independe	s less tha ent) is the	n 3, enter "3." highest numbe			_	ropriate box				

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FORM PTO-875 (Rev. 8/01)